

Medicare Advantage Plans Prior Authorization List

Below is the list of services that require prior authorization. If you do not find the information you need, please contact The Health Plan Customer Service at (877) 232-7566.

Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS), and are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at [MCD Search \(cms.gov\)](https://www.cms.gov/MCDSearch).

If CMS does not provide coverage guidelines for a specific service, the health plan will use MCG criteria or a health plan medical policy. The Medicare Advantage Medical Policies are linked within their appropriate category below.

Search Tip: You can easily search by entering CTRL F and it will display a search box you can type in the information you wish to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

Service Requiring Prior Authorization	CPT/HCPCS Codes and/or Place of Service Requiring Prior Authorization
All Non-Urgent/Emergent, Elective Hospital Admissions	Also includes Behavioral Health, Residential Treatment Centers, Acute Rehabilitation and LTAC
All Skilled Nursing Facility Admissions (SNF)	
All Non-Contracted, Non-Urgent/Emergent Outpatient Services	
Outpatient Behavioral Health Non-Residential Day Treatment Centers, Residential Substance Abuse Treatment Facility and Partial Hospitalization	Place of service 52, 55 and 57 Revenue Code 0912 – BH/Partial Hospital IOP (Intensive Outpatient Program)
All Non-Emergent Patient Transportation (Ground and Air)	A0426, A0428, A0130
Transplant Services	
Medical Injectables Covered Under Medical Benefit	Medical Injectables Covered Under Medical Benefit: <i>For information on the CPT codes requiring prior authorization please visit the Medical Injectable List page and column titled MAPD.</i>

Durable Medical Equipment, Orthotics, Prosthetics

Includes specific codes within the following categories: Automatic External Defibrillators, Electronic Extremities, Facial Prostheses, Glucose Monitors, High Frequency Chest Wall Oscillation Devices, Knee Orthoses, Lower Limb Prostheses, Mechanical In-Exsufflation Devices, Negative Pressure Wound Therapy Pumps, Oral Appliances, Osteogenesis Stimulators, Patient Lifts, Pneumatic Compression Devices, Pressure Reducing Support Surfaces, Respiratory Assist Devices, Seat Lift Mechanisms, Speech Generating Device, Ultraviolet Light Therapy, Custom Walkers, Wheelchairs

Dean Medicare Advantage Medical Policies: [MP9085](#)

Codes Requiring Prior Authorization:

E0147,E0181,E0184,E0185,E0186,E0187,E0196,E0197,E0198,E0199,E0250,E0251,E0255,E0256,E0260,E0261,E0265,E0266,E0270,E0290,E0291,E0292,E0293,E0294,E0295,E0296,E0297,E0300,E0301,E0302,E0303,E0304,E0483,E0485,E0486,E0617,E0621,E0627,E0628,E0629,E0630,E0635,E0636,E0639,E0640,E0650,E0651,E0652,E0670,E0691,E0692,E0693,E0694,E0745,E0747,E0748,E0760,E0784,E0986,E1004,E1005,E1006,E1007,E1008,E1035,E1036,E1037,E1038,E1039,E1161,E1226,E1229,E1230,E1231,E1232,E1233,E1234,E1235,E1236,E1237,E1238,E1239,E1310,E1841,E2100,E2202,E2203,E2204,E2228,E2328,E2341,E2343,E2368,E2370,E2375,E2402,E2500,E2502,E2504,E2506,E2508,E2510,E2511,E2512,E2599,E2609,E2610,E2612,E2613,E2614,E2615,E2616,E2617,E2620,E2621,E2623,E2624,E2625,K0001,K0002,K0003,K0004,K0005,K0006,K0007,K0008,K0009,K0010,K0011,K0012,K0013,K0014,K0462,K0606,K0800,K0801,K0802,K0806,K0807,K0808,K0812,K0813,K0814,K0815,K0816,K0820,K0821,K0822,K0823,K0824,K0825,K0826,K0827,K0828,K0829,K0830,K0831,K0835,K0836,K0837,K0838,K0839,K0840,K0841,K0842,K0843,K0848,K0849,K0850,K0851,K0852,K0853,K0854,K0855,K0856,K0857,K0858,K0859,K0860,K0861,K0862,K0863,K0864,K0868,K0869,K0870,K0871,K0877,K0878,K0879,K0880,K0884,K0885,K0886,K0890,K0891,K0898,K0899,K0900,K0901,K0902,L1680,L1685,L1686,L1690,L1700,L1710,L1720,L1730,L1755,L1832,L1833,L1834,L1840,L1843,L1844,L1845,L1846,L1847,L1848,L1860,L1907,L1932,L1945,L1950,L1951,L1960,L1970,L2000,L2005,L2010,L2020,L2030,L2034,L2036,L2037,L2038,L2060,L2106,L2108,L2114,L2116,L2126,L2128,L2132,L2134,L2136,L2280,L2350,L2510,L2520,L2525,L2526,L2627,L2628,L3330,L3671,L3674,L3720,L3730,L3740,L3763,L3764,L3765,L3766,L3900,L3901,L3904,L3905,L3960,L3961,L3962,L3967,L3971,L3973,L3975,L3976,L3977,L3978,L3981,L4631,L5000,L5010,L5020,L5050,L5060,L5100,L5105,L5150,L5160,L5200,L5210,L5220,L5230,L5250,L5270,L5280,L5301,L5312,L5321,L5331,L5341,L5400,L5420,L5430,L5460,L5500,L5505,L5510,L5520,L5530,L5535,L5540,L5560,L5570,L5580,L5585,L5590,L5595,L5600,L5610,L5611,L5613,L5614,L5616,L5617,L5626,L5628,L5630,L5638,L5639,L5640,L5642,L5643,L5644,L5645,L5646,L5647,L5648,L5649,L5651,L5653,L5661,L5665,L5673,L5677,L5679,L5681,L5682,L5683,L5700,L5701,L5702,L5703,L5704,L5705,L5706,L5707,L5711,L5716,L5718,L5722,L5724,L5726,L5728,L5780,L5781,L5782,L5785,L5785,L5790,L5795,L5810,L5811,L5812,L5814,L5816,L5818,L5822,L5824,L5826,L5828,L5830,L5840,L5845,L5848,L5856,L5857,L5858,L5859,L5920,L5930,L5950,L5960,L5961,L5962,L5964,L5966,L5968,L5969,L5973,L5976,L5979,L5980,L5981,L5982,L5984,L5986,L5987,L5988,L5990,L5999,L6000,L6010,L6020,L6026,L6050,L6055,L6100,L6110,L6120,L6130,L6200,L6205,L6250,L6300,L6310,L6320,L6350,L6360,L6370,L6380,L6382,L6384,L6400,L6450,L6500,L6550,L6570,L6580,L6582,L6584,L6586,L6588,L6590,L6621,L6623,L6624,L6625,L6628,L6638,L6646,L6648,L6686,L6687,L6688,L6689,L6690,L6692,L6693,L6694,L6695,L6696,L6697,L6704,L6707,L6708,L6709,L6711,L6712,L6713,L6714,L6715,L6721,L6722,L6880,L6881,L6882,L6883,L6884,L6885,L6895,L6900,L6905,L6910,L6915,L6920,L6925,L6930,L6935,L6940,L6945,L6950,

	<p>L6955,L6960,L6965,L6970,L6975,L7007,L7008,L7009,L7040,L7045,L7170,L7180,L7181,L7185,L7186,L7190,L7191,L7259,L7366,L7368,L7368,L7404,L7405,L7510,L7520,L8035,L8040,L8041,L8042,L8043,L8044,L8045,L8046,L8047,L8048,L8049,L8614</p>
<p>Surgeries and Procedures Covered Under Medical Benefit (Includes Office/Outpatient Hospital/Ambulatory Surgical Center)</p>	<p>Auditory Brain Stem and Cochlear Implants: 69930, L8614</p> <p>Bariatric Surgery: 43644,43645,43647,43648,43770,43771,43772,43773,43774,43775,43843,43845,43846,43847,43848,43881,43882,43886,43887,43888</p> <p>Blepharoplasty, Blepharoptosis, Brow Lift : 15820,15821,15822,15823,67900,67901,67902,67903,67904,67906,67908,67909,67911,67912,67914,67915,67917,67921</p> <p>Breast Surgeries (Includes Breast Reduction, Mammoplasty/Gynecomastia, Breast Reconstruction (PA not required if performed as treatment for carcinoma or prophylactic): 11920,11921,11922,15777,19300,19316,19318,19324,19325,19328,19330,19340,19342,19350,19355,19357,19361,19364,19366,19367,19368,19369,19370,19371,19380,19396</p> <p>Cochlear Implantation: 69930, L8614</p> <p>Collagen Injections, Dermal Fillers, Chemical Peels, Dermabrasion, Cryotherapy, Laser Therapy: 11950,11951,11952,11954,15780,15781,15782,15783,15786,15787,15788,15789,15792,15793,15878,17340,17360,17380,96920,96921,96922</p> <p>Excision Excessive Skin, Panniculectomy, Liposuction, Abdominoplasty: 15830,15832,15833,15834,15835,15836,15837,15838,15839,15876,15877,15878,15879</p> <p>Rhinoplasty, Septoplasty, Rhinophyma: 30120,30400,30410,30420,30430,30435,30450,30460,30462,30465,30520</p> <p>Magnetoencephalography (MEG): 95965, 95966, 95967</p> <p>Oral Surgeon Delivered Services (Orthognathic Surgery) & Any Dental (Tooth or Jaw Surgeries): D0150,D0240,D0250,D0260,D0270,D0272,D0274,D0277,D0416,D0421,D0431,D0460,D0472,D0473,D0474,D0475,D0476,D0477,D0478,D0479,D0480,D0481,D0482,D0483,D0484,D0485,D0502,D0601,D0602,D0603,D0999,D1510,D1515,D1520,D1525,D1550,D1999,D2970,D2999,D3460,D3999,D4260,D4263,D4264,D4268,D4270,D4273,D4277,</p>

	<p>D4278,D4355,D4381,D5911,D5912,D5951,D5983,D5984,D5985,D5987,D6052,D6920,D7111,D7140,D7210,D7220,D7230,D7240,D7241,D7250,D7260,D7261,D7283,D7288,D7291,D7321,D7511,D7521,D7940,D9110,D9230,D9248,D9630,D9930,D9940,D9950,D9951,D9952,21010,21050,21060,21070,21079,21080,21081,21082,21083,21084,21085,21086,21087,21088,21100,21110,21116,21141,21142,21143,21145,21146,21147,21150,21151,21154,21155,21159,21160,21193,21194,21195,21196,21198,21199,21206,21208,21209,21210,21215,21240,21242,21243,21244,21245,21246,21247,21248,21249,21255,21295,21296,21480,21485,21490</p> <p>Polysomnography (Facility Based Sleep Study) 95807, 95808</p> <p>Vagus Nerve, Spinal Cord and Dorsal Column Stimulation: 61885,61886,64553,64568,64569</p> <p>Varicose Vein Treatments: 36470,36471,36473, 36474, 36475,36476,36478,36479,37700,37718,37722,37735,37760,37761,37765,37766,37780</p>
<p>Carelon Prior Authorization</p>	<p>Dean Health Plan is partnering with Carelon, a utilization management (UM) program third-party vendor, to support the provider submission and medical necessity review process for all related authorizations. These select MSK, cardiology and high-tech radiology procedures and services will include but are not limited to: hip, knee and shoulder arthroscopy; various interventional pain management injections such as sacroiliac joint injections; imaging such as MRI, MRA and CT scans; angioplasty and stent placement; implantable pacemakers; and vascular imaging.</p> <p>Prior authorization requests for musculoskeletal (MSK), cardiology or radiology services managed through Carelon, please submit to Carelon here. See Carelon’s cardiology policies, radiology policies and MSK policies.</p> <p>Authorization may be submitted using our website Medical Management for Providers - Dean Health Plan (deancare.com).</p> <p>The Carelon provider portal is available 7 days a week, fully interactive, and processes requests in real time using clinical criteria. Or call Carelon toll-free at 1 (833) 476-1463, Monday through Friday, 8 a.m.-5 p.m. CT.</p>
<p>Outpatient Elective Radiology Procedures</p> <p>See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-radiologyguidelines</p>	<p>Selected applications of the following:</p> <ul style="list-style-type: none"> • Computed Tomography (CT) Scan • Low-dose CT • Magnetic resonance imaging (MRI) • Functional MRI • Magnetic resonance spectroscopy • Magnetic resonance cholangiopancreatography (MRCP) • Positron Emission Tomography (PET) Scan

	<ul style="list-style-type: none"> • CT or MR arthrography • Low-field MRI • MR-guided procedures • Nuclear Medicine Imaging, Oncologic Imaging • SPECT Imaging • Vascular Imaging <p>Codes : 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492,70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553,70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 75557, 75559, 75561, 75563, 75571, 75572, 75573, 75574, 75580, 75635, 76390, 76391, 77046, 77047, 77048, 77049, 77078, 77084, 78429, 78430, 78431, 78432, 78433, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 0042T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0648T, S8037, S8042, S8092</p>
<p>Cardiology Services</p> <p>See Carelon website - https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiologyguidelines/</p>	<p>Required through Carelon for these services:</p> <ul style="list-style-type: none"> • Cardiac Resynchronization Therapy • Diagnostic Coronary Angiography • Endovascular Revascularization • Imaging of the Heart • Implantable Cardioverter Defibrillators • Percutaneous Implantable Pacemakers • Vascular Imaging <p>Codes: 0505T, 0571T, 0572T, 0573T, 0574T, 0620T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 33206, 33207, 33208, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33222, 33223, 33224, 33226, 33227, 33228, 33229, 33230, 33231, 33233, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 92920, 92924, 92928, 92933, 92937, 92943, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93880, 93882, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93978, 93979, C1721, C1722,C1777, C1785, C1786, C1882, C1895, C1896, C1899, C2619, C2620, C2621, C7531, C7534, C7535, G0448</p>
<p>Musculoskeletal Procedures, Interventional Pain Management</p>	<p>Required through Carelon for these services:</p> <ul style="list-style-type: none"> • Epidural Injection Procedures & Diagnostic Selective Nerve Root Blocks

<p>See Carelon website - https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiologyguidelines/</p>	<ul style="list-style-type: none"> • Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis (e.g., percutaneous denervation procedures) • Regional Sympathetic Nerve Block • Sacroiliac Joint Injection • Spinal Cord and Nerve Root Stimulators <p>Codes: 27096, 62280, 62281, 62282, 62292, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 63650, 63655, 63663, 63664, 63685, 63688, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, 64633, 64634, 64635, 64636, 94493, G0260, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T</p>
<p>Musculoskeletal Procedures, (Large) Joint Surgery</p> <p>See Carelon website - https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiologyguidelines/</p>	<p>Required through Carelon for these services:</p> <p><u>Hip</u></p> <ul style="list-style-type: none"> • Arthroplasty • Arthroscopy & Open Procedures <p><u>Knee</u></p> <ul style="list-style-type: none"> • Arthroplasty • Arthroscopy & Open Procedures • Autologous Chondrocyte Implantation of the Knee <p><u>Shoulder</u></p> <ul style="list-style-type: none"> • Arthroplasty • Arthroscopy & Open Procedures <p>Codes: 23105, 23107, 23120, 23130, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27331, 27332, 27333, 27334, 27335, 27345, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27437, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, 27570, 28446, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29892, 29914, 29915, 29916, 37438, G0289, G0428, J7330, S2112, S2118</p>
<p>Musculoskeletal Procedures, Spine</p> <p>See Carelon website - https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiologyguidelines/</p>	<p>Required through Carelon for these services:</p> <p><u>Cervical</u></p> <ul style="list-style-type: none"> • Decompression With/Without Fusion • Disc Arthroplasty <p><u>Lumbar</u></p> <ul style="list-style-type: none"> • Discectomy, Foraminotomy& Laminotomy • Laminectomy • Fusion & Treatment of Spinal Deformity • Disc Arthroplasty • Posterolateral or Intertransverse Lumbar Fusion (autograft not feasible)

Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)**Electrical Bone Growth Stimulation, Noninvasive - spine****Vertebroplasty/ Kyphoplasty****Bone Graft Substitutes and Bone Morphogenic Proteins****Anterior Lumbar Interbody Fusion (ALIF) or Lateral Lumbar Interbody Fusion (i.e., XLIF)**

Codes: 20930, 20931, 20936, 20937, 20938, 20939, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22864, 22865, 27278, 27279, 63001, 63003, 63005, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63075, 63076, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63185, 63190, 63191, 63200, 63250, 63252, 63265, 63267, 63270, 63272, 63275, 63277, 63280, 63285, 63287, 63290, 63300, 63303, 63304, 63305, 63306, 63307, 63308, 66301, 66302, C9359, C9362, C7504, C7505, C7507, C7508, E0748, 0095T, 0098T, 0164T, 0165T, 0200T, 0201T